

Please Read Instructions:

4. DELIVERY ADDRESS OR EMAIL  
303 South Washington Avenue

PORTIONS		DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/>	VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/>	OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/>	OPENING STATEMENT (Defendant)			
<input type="checkbox"/>	CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/>	CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/>	OPINION OF COURT			
<input type="checkbox"/>	JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	2/20/2025
<input type="checkbox"/>	SENTENCING		Evidentiary Hearing	
<input type="checkbox"/>	BAIL HEARING			

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
30-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
7-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES 1		
Next-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
2-Hour	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

ESTIMATE TOTAL

0.00

19. DATE  
2/20/2025

PROCESSED BY

PHONE NUMBER

COURT ADDRESS

ORDER RECEIVED

DATE \_\_\_\_\_

BY

DEPOSIT PAID

DEPOSIT PAID

TRANSCRIPT ORDERED

TOTAL CHARGES

0.00

TRANSCRIPT RECEIVED

LESS DEPOSIT

0.00

ORDERING PARTY NOTIFIED  
TO PICK UP TRANSCRIPT

TOTAL REFUNDED

PARTY RECEIVED TRANSCRIPT

TOTAL DUE

0.00

**DISTRIBUTION:** COURT COPY      TRANSCRIPTION COPY      ORDER RECEIPT      ORDER COPY